

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>12/15/04</u>		2 Serial/Patent # <u>10/035,454</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input type="checkbox"/>	Filing			\$							
<input type="checkbox"/>	Amendment			\$							
<input checked="" type="checkbox"/>	Extension of Time <u>1253</u>			\$ <u>980.</u>							
<input type="checkbox"/>	Notice of Appeal/Appeal			\$							
<input type="checkbox"/>	Petition			\$							
<input type="checkbox"/>	Issue			\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/>	Maintenance			\$							
<input type="checkbox"/>	Assignment			\$							
<input type="checkbox"/>	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$ <u>980.</u>							
		8 TO BE REFUNDED BY:									
		Treasury Check									
		<input checked="" type="checkbox"/> Credit Deposit A/C #:									
		9 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">--</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">7</td> <td style="width: 20px; text-align: center;">5</td> <td style="width: 20px; text-align: center;">0</td> </tr> </table>			1	0	--	0	7	5	0
1	0	--	0	7	5	0					
10 REASON:											
<input type="checkbox"/>	Overpayment										
<input type="checkbox"/>	Duplicate Payment										
<input checked="" type="checkbox"/>	No Fee Due (Explanation):										
<u>Petitioner did not pay the EXTENSION fee during the correct time period.</u>											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Irin Dingle</u>		TITLE: <u>PA/CA</u>									
SIGNATURE: <u>Irin Dingle</u>		PHONE: <u>(571) 272-3210</u>									
OFFICE: <u>Petitions</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>Alisa Kelly</u>		DATE: <u>12/17/04</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**